

## Spirituality and pain

### *Espiritualidade e dor*

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In recent years, the World Health Organization (WHO) has been driving transformations in the health-illness process approach. It went from the biomedical to the biopsychosocial model in the 1980s and, just over a decade, has been driving a new shift to the biopsychosocial-spiritual approach<sup>1</sup>. The supportive care of terminally ill patients in communities shows that high levels of spiritual well-being helps to face death with dignity and naturally, also helping to reduce suffering<sup>2,3</sup>. Although death is at the end of the illness process, chronic degenerative diseases also cause great suffering and can benefit from this broader health approach.

Recent studies try to relate spirituality and health in people with several chronic conditions, due to the potential to prevent disease progression and favor the development of better strategies to face the disease with a positive impact on the quality of life<sup>4,5</sup>. This aspect has also been explored by researchers and professionals of multidisciplinary teams of the pain management centers<sup>5-7</sup>. On *Web of Science* a search in literature with the words “pain” and “spirituality” found 50 publications in 2011, whereas in 2013, there were 1,000 publication<sup>1</sup>. This data confirms the increased attention given to this subject. A recent consensus recommends collecting the spiritual history as part of the person’s whole evaluation<sup>8</sup>.

Different ideas and thoughts permeate the minds of subjects who suffer from acute or chronic pain. Some people believe that God can heal them, others that their problem is a punishment from God for the mistakes made, others that intangible vital energies can improve symptoms, among other phenomena, which involve customs and beliefs. It is indisputable that these ideas directly influence the human mind, the expectations of cure, the worsening of symptoms, the frequency of anxiety and depression by interfering in the painful process, whether acute or chronic.

For Siddall et al<sup>1</sup>, spirituality can be defined as “an experience that incorporates a relation with the transcendent and the sacred. It provides a strong sense of identity or direction, and that influences not only the personal beliefs but attitudes, emotions, and behaviors, creating a sense of completeness and meaning to life”. Despite being a difficult concept to generate consensus, this concept goes beyond the simple idea of religiosity related to formal institutions.

Spirituality, seen as a relation between superior forces and human beings, beyond religions and their specific creeds, is a variable that has been demonstrating, both with objective and subjective data, that positive views of hope have significant impact in improving symptoms, favoring conventional treatment compliance and in the development of effective strategies to control pain crisis and other clinical manifestations. In the same way that negative and deterministic ideas aggravate symptoms. Strong correlations and associations are indicating that spiritualist people perceive chronic pain as a chance for human and spiritual development<sup>5</sup>. Also, in an indirect way, spirituality can improve the painful condition by impacting depressive and anxious states<sup>1</sup>.

Therefore, it’s becoming more and more evident that spirituality/religiosity has a relevant meaning for patients who suffer from chronic pain and that this variable influences the strategies to face and handle pain<sup>5</sup>.

Thus, it is recommended to researchers and professionals in interdisciplinary teams who care for people with chronic pain to incorporate in their investigational arsenal instruments to evaluate the spiritual condition<sup>9,10</sup>. Likewise, the spiritual aspects in the perspective of the subject should be more and more encouraged in several health care levels as one more resource of therapeutic effect. Even if it is not possible to carry out randomized clinical trials and studies being just observational with few individuals affected by chronic pain, the incentive to follow the aspirations of the soul, in the models preferred by each person, must be encouraged by the professionals who care for those who suffer from pain.

Given the presented reasons, healthcare professionals who deal with people with chronic pain must evaluate this aspect systematically and stimulate the biopsychosocial-spiritual well-being using different strategies that make sense for each patient and family. Whether by religious practices, meditation, physical exercises, philosophies of life, self-help groups, among others, the patient-centered treatment based on his/her preferences, must be contextualized in their real life and not in scientific or religious ideologies of each professional that cares for those who suffer from painful conditions.

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